## OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

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TLLINOIS COMMERCE COMMISSION

(File this application via e-docket, or if unable to do so, if with the Chief Clerk.)	ile one original verif	FEB 27   12 AM 'O			
Please provide the appropriate information in the ( ) as	eas in the heading b	elow.CHIEF CLERK'S OFFICE			
NTC Network, LLC :					
Application for a certificate of :					
local and interexchange authority :	0100				
to operate as a reseller and facilities :	$(\mathcal{N}-(\mathcal{N}))$	1(0			
based carrier of telecommunications :	O(O(				
services throughout the :					
State of Illinois. :					
APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER (Use additional sheets as necessary.)					
GENERAL	· staradelite FisiBMCrell - Phaseire.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
1. Applicant's Name(including d/b/a, if any)	FEIN	# 95-4732379			
NTC Network, LLC					
Address: Street 633 West 5th Street, 56th Floor City Los Angeles State/Zip California, 90071					
2. Authority Requested: (Mark all that apply)x	_13-403 Facilities Ba	sed Interexchange			
_x13-404	Resale of Local and	or Interexchange			
_x13-405	Facilities Based Loc	eal			
3. Request for waivers/variances: In applications for lo Sections 13-404 or 13-405, waivers of Part 710 and of requested. In applications for interexchange service waivers of Part 710 and Part 735 are generally requesting and explain why Applicant is	of Section 735.180 of authority under Sec ested. Please indica	Part 735 are generally ctions 13-403 and 13-404, te which waivers			
x_Part 710 Uniform System of Acc	ounts for Telecomm	nunications Carriers			
x_Part 735 Procedures Governing the Deposits, Termination of Directories for Local Excestate of Illinois	Service and Issuand	ce of Telephone			
_xSection 735.180 Directories					

<ol> <li>For all applicants requesting local exchange authority under Section 13-404 or Section 1 please complete the following:         <ul> <li>(a) the Standard Questions for Applicants Seeking Local Exchange Service Authority for Appendix A of this document.</li> <li>(b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found Appendix B of this document;</li> <li>(c) the Financial Questions for Applicants Seeking Local Exchange Service Authority for Appendix C of this document; and</li> <li>(d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Authority found in Appendix D of this document.</li> </ul> </li> <li>In what area of the state does the Applicant propose to provide service?         <ul> <li>Statewide for interexchange and Ameritech exchanges for local</li> </ul> </li> <li>Please attach a sheet designating contact persons to work with Staff on the following:         <ul> <li>a) issues related to processing this application</li> <li>b) consumer issues</li> <li>c) customer complaint resolution</li> <li>d) technical and service quality issues</li> <li>e) "tariff" and pricing issues</li> <li>f) 9-1-1 issues</li> <li>g) security/law enforcement</li> </ul> </li> <li>Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephonumber, (v) facsimile number, and (vi) e-mail address. See Attachment A.</li> <li>Please check type of organization?</li></ol>
Appendix A of this document  (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found Appendix B of this document; (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority for Appendix C of this document; and (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Authority found in Appendix D of this document.  5. In what area of the state does the Applicant propose to provide service?  Statewide for interexchange and Ameritech exchanges for local  6. Please attach a sheet designating contact persons to work with Staff on the following:  a) issues related to processing this application b) consumer issues c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement  Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephonumber, (v) facsimile number, and (vi) e-mail address. See Attachment A.  7. Please check type of organization? Individual  Partnership  Date corporation  Date corporation  Partnership  In what state? California  Other (Specify)  8. Submit a copy of articles of incorporation and a copy of certificate of authority to transacturing in Illinois. See Attachment B.
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business in Illinois. See Attachment B.
9. List jurisdictions in which Applicant is offering service(s).
California
10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or certification revoked or suspended in any jurisdiction in this or another name?
YES (Please provide details) _XNO

jurisdiction?	in any complaints or judgments levied against the Applicant in any other
YES	X NO
If YES, describe ful	lly.
12. Has ApplicantYESX_	provided service under any other name? NO
If YES, please list.	
If NO, permission p Pursuant to Adm C and records for such records av	ant keep its books and records in Illinois? YESX_ NO bursuant to 83 Ill. Adm Code Part 250 needs to be requested.  Hode Part 250, Applicant hereby respectfully requests permission to keep its books the State of California at its principal place of business. Applicant will make railable to the Commission upon request, and will reimburse the Commission for expenses to review such information.
MANAGERIAL	銀一性(gg Minis) - A A Minis A A A A A A A A A A A A A A A A A A A
14. Please attach e provide service	vidence of the applicant's managerial and technical resources and ability to  This may be in either narrative form, resumes of key personnel, or a these forms. See Attachment C.
15. List officers an	d managers of Applicant.
Willy K. Ma Eric M. Bender Dean David David Abrams Winston Johns	Vice President Secretary
CrossNet Com	nunications, Inc. Manager
	r of Applicant have an ownership or other interest in any other entity which has urrently providing telecommunications services? YESX NO
If YES, list entity.	
	cant bill for its service(s)? (At a minimum, describe how often the Applicant will and details of the billing statement.)
separate line it	on a monthly basis. Applicant's bills will include call detail information, and ems for all services and charges, including any monthly recurring charges, s, taxes or surcharges.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.

Cor	mmerce Commission for resolution.
19.	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?x_YESNO
20.	What telephone number(s) would a customer use to contact your company?
	(800) 291-9679
21.	Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?
	XYES NO
22.	Please describe applicant's procedures to prevent slamming and cramming of customers?
	For presubscribed service, the company will obtain a written letter of agency prior to implementing a carrier change and prior to commencing service. All surcharges, fees, taxes, etc. will be clearly disclosed to all customers.
23.	If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?
	_XYESNO (If no, please provide an explanation.)
24,	Is Applicant aware that it must file tariffs prior to providing service in Illinois?
	XYESNO
FII	NANCIAL BERNELL BERNEL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. See Attachment E.

TECHNICAL AND A SECOND OF THE		
26.	Does Applicant utilize its own equipment and/or facilities?YESX_NO	
Ιf Υ	YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:	
	Applicant does not currently have any equipment or facilities located in the State of Illinois.  See Attachment F for future plans in Illinois as a facilities-based provider.	
If N	NO, which facility provider(s)'s services does the Applicant intend to use?	
	eritech and MCI WorldCom, Qwest and Global Crossing Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).	
	Local service (no prepaid local), data services, access services, debit cards and long distance service, including 1+ outbound dialing, 800/888 toll-free inbound dialing and calling cards, and directory assistance.	
<b>2</b> 8.	Will technical personnel be available at all times to assist customers with service problems?	
	X_YESNO	
29.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?  YESNO NOT APPLICABLE	
	E. M. Dr	

Eric M. Bender Vice President

## VERIFICATION

This application shall be verified under oath.

## OATH

State of California	) )ss	
County of Los Angeles	)	
Eric M. Bender makes oath and says that he/s (Insert here the name of affiant)	she is $\underline{\text{Vice President}}$ (Insert the official title of the affiant)	
of NTC Network, LLC (Insert here the exact legal title or nar	me of the Applicant)	
that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.		
	L'M.BC	
	Eric M. Bender Vice President	
Subscribed and sworn to before me, a Notary	Public/ Conzate2_ Title of person authorized to administer oaths)	
in the State and County above named, this	day of January 2008.	
(0)		

## <u>List of Attachments</u>

A	Designated Contact Persons
В	Articles of Organization and Certificate of Authority
C	Management & Technical Information
D	ITAC & UTAC Membership Forms
$\mathbf{E}$	Financial Information

Financial InformationNetwork InformationChart of Accounts